MAXIMUS Federal Services

Case Number:	CM15-0140552		
Date Assigned:	07/30/2015	Date of Injury:	05/07/2013
Decision Date:	08/27/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female, who sustained an industrial injury on 5-7-2013. She reported acute right shoulder pain with routine repetitive activity. Diagnoses include right shoulder arthroscopy, subacromial decompressions and full-Mumford procedure on 11-12-14, lumbar spondylosis with spondylolisthesis degenerative type, segmental instability with radiculopathy, and spondylosis status post lumbar fusion on 6-23-15. Currently, she complained of low back pain with radiation downright lower extremities associated with numbness and tingling of upper extremities with neck pain. On 6-3-15, the physical examination documented lumbar tenderness and decreased range of motion. The plan of care included lumbar fusion and associated services. The appeal requested authorization for a DVT cuff appliance purchase x 2 (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DVT cuff appliance purchase x 2 (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Venous Thrombosis Section.

Decision rationale: The MTUS guidelines do not address deep vein thrombosis (DVT) or its prevention. The ODG does not address DVT in relation to the low back but it does address it related to the legs and knees. Per the ODG for patients undergoing total hip replacement or total knee replacement, mechanical thromboprophylaxis with the VFP (venous foot pump) or IPC (intermittent pneumatic compression) is indicated for patients with a high risk of bleeding. When the high bleeding risk decreases, ACCP recommends that pharmacologic thromboprophylaxis be substituted for or added to the mechanical thromboprophylaxis. There is no rationale included in the available documentation for the use of DVT cuffs in the injured worker or why she would need them outside of her hospital stay post-surgery, therefore, the request for DVT cuff appliance purchase x 2 (lumbar spine) is determined to not be medically necessary.